

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2	/						52	/			
3	/						53	/			
4	/						54	/			
5	/						55	/			
6	/						56	/			
7	/						57	/			
8	/						58	/			
9	/						59	/			
10	/						60	/			
11	/						61	/			
12	/						62	/			
13	/						63	/			
14	/						64	/			
15	/						65	/			
16	/						66	/			
17	/						67	/			
18	/						68	/			
19	/						69	/			
20	/						70	/			
21	/						71	/			
22	/						72	/			
23	/						73	/			
24	/						74	/			
25	/						75	/			
26	/						76	/			
27	/						77	/			
28	/						78	/			
29	/						79	/			
30	/						80	/			
31	/						81	/			
32	/						82	/			
33	/						83	/			
34	/						84	/			
35	/						85	/			
36	/						86	/			
37	/						87	/			
38	/						88	/			
39	/						89	/			
40	/						90	/			
41	/						91	/			
42	/						92	/			
43	/						93	/			
44	/						94	/			
45	/						95	/			
46	/						96	/			
47	/						97	/			
48	/						98	/			
49	/						99	/			
50	/						100	/			
TOTAL IND.	32						TOTAL IND.				
TOTAL DEP.	173						TOTAL DEP.				
TOTAL CLAIMS	205						TOTAL CLAIMS				

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____	
						APPLICANT(S) _____			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101									
102									
103									
104									
105									
106									
107									
108									
109									
110									
111									
112									
113									
114									
115									
116									
117									
118									
119									
120									
121									
122									
123									
124									
125									
126									
127									
128									
129									
130									
131									
132									
133									
134									
135									
136									
137									
138									
139									
140									
141									
142									
143									
144									
145									
146									
147									
148									
149									
150									
151									
152									
153									
154									
155									
156									
157									
158									
159									
160									
161									
162									
163									
164									
165									
166									
167									
168									
169									
170									
171									
172									
173									
174									
175									
176									
177									
178									
179									
180									
181									
182									
183									
184									
185									
186									
187									
188									
189									
190									
191									
192									
193									
194									
195									
196									
197									
198									
199									
200									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									